

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155729		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/06/2013	
NAME OF PROVIDER OR SUPPLIER ADAMS HERITAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 12011 WHITTERN RD MONROEVILLE, IN 46773			
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F000000	<p>This visit was for the Investigation of Complaint IN00125208.</p> <p>Complaint IN00125208 - Substantiated. Federal/state deficiencies related to the allegations are cited at F279 and F315.</p> <p>Survey dates: March 5 & 6, 2013</p> <p>Facility number: 002549 Provider number: 155729 AIM number: 200289420</p> <p>Survey team: Rick Blain, RN - TC Tim Long, RN</p> <p>Census bed type: SNF/NF: 55 Total: 55</p> <p>Census payor type: Medicare: 2 Medicaid: 43 Other: 10 Total: 55</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings in accordance with 410 IAC 16.2.</p>		F000000	<p>Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. Adams Heritage maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or the safety of its residents nor are they of such character as to limit the provider's capacity to render adequate resident care. Furthermore, Adams Heritage asserts that it is in substantial compliance with regulations governing the operation of long term care facilities, and this Plan of Correction in its entirety constitutes this provider's allegation of compliance and, thereby, we request resurvey to verify such as of April 5, 2013. Further, we request desk review (paper compliance) for compliance, if acceptable. Completion dates are provided for procedural processing purposes to comply with federal and state regulations, and correlate with the most recent contemplated or accomplished corrective action. These do not</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review completed on March 8, 2013 by Randy Fry RN.				necessarily chronologically correspond to the date that Adams Heritage is under the opinion that it was in compliance with the requirements of participation or that corrective action was necessary.		

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to develop a care plan to address sleeping near the nurse desk in a recliner at night for 1 resident in a sample of 6 residents reviewed for care plans (Resident #D).</p> <p>Findings include:</p> <p>The record for resident #D was reviewed on 3/5/2013 at 10:00 A.M. Diagnoses included, but were not limited to, open reduction and internal fixation of the left ankle (surgical repair of ankle fracture).</p>			F000279	<p>It is the policy of this provider to develop review and revise residents comprehensive care plan based on needs identified in comprehensive assessment.1. What corrective action will be accomplished for those residents found to have been affected by this practice? Resident #D is no longer residing at Adams Heritage. Resident #D was discharge prior to survey dated March 5-6, 2013.2. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken? Other</p>		03/22/2013

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	<p>A review of a "15 Minute Monitor Form" indicated Resident #D slept at the nursing station on the following dates:</p> <p>1/27/2013 from 10:00 P.M. until 8:00 A.M. 1/28/2013 from 9:00 P.M. until 6:00 A.M. 1/29/2013 from 7:30 P.M. until 7:00 A.M. 1/30/2013 from 9:30 P.M. until 7:30 A.M. 1/31/2013 from 12:00 A.M. until 7:00 A.M. 2/2/2013 from 8:00 P.M. until 6:15 A.M. 2/6/2013 from 8:15 P.M. until 7:00 A.M. 2/7/2012 from 12:00 A.M. until 7:00 A.M. 2/8/2013 from 12:00 A.M. until 8:15 A.M. 2/9/2013 from 12:00 A.M. until 7:15 A.M. 2/10/2013 from 12:00 A.M. until 7:45 A.M. 2/11/2013 from 12:00 A.M. until 6:45 A.M. 2/13/2013 from 12:00 A.M. until 7:15 A.M. 2/16/2013 from 12:00 A.M. until 2:45 A.M.</p> <p>Nurse #2 was interviewed on 3/5/2013 at 2:30 P.M. During the interview, Nurse #2 indicated Resident #2 was to be kept</p>		<p>residents with the propensity to be affected by the same deficient practice would be identified as those sleeping at the nurse's station. None were identified. 3. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur? The DON/designee will conduct random audits to assure that residents sleeping in recliner at nurses desk are documented in nurses notes and corresponding care plan. Housewide staff will be educated at in service on March 22, 2013. The education will include but not limited to use of recliners in hallway for episodes of extreme agitation, or to keep elders from harming self or others. 4. How will corrective action be monitored to ensure the deficient practice does not recur? Information gathered from the random audits will be forwarded to the QA committee for recommendations and review monthly, for two months, then quarterly thereafter. QAA committee will recommend time frame for continued monitoring. 5. By what date will the systemic changes be completed? March 22, 2013.</p>				

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	<p>non-weight bearing due to her recent ankle surgery. Nurse # 2 indicated the resident would become restless at night and would get up out of bed and try to walk. Nurse #2 indicated at those times, nursing staff would place Resident #2 in a recliner chair at the nursing desk to monitor her and to maintain her non-weight bearing status.</p> <p>The facility's acting Director of Nursing (DON) was interviewed on 3/5/2013 at 1:15 P.M. During the interview, the DON indicated Resident #D had been non-weight bearing following ankle surgery. The DON indicated the resident would occasionally get out of bed and walk on the ankle at night. The DON indicated the nursing staff would have the resident sleep in a recliner at the nursing desk at night to prevent her from injuring her ankle. The DON further indicated sleeping at the nursing desk in a recliner would not need to be implemented into a care plan if it was only occasionally, but should have been implemented into a care plan if the resident was sleeping at the desk on a frequent basis. The DON was unable to provide a care plan indicating the resident was to sleep in a recliner at the nursing desk at night.</p> <p>A review of Resident #D's record did not indicate sleeping in a recliner at the</p>						

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	nursing desk at night had been implemented into a care plan. This Federal tag relates to Complaint IN00125208. 3.1-35(b)(1)						

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F000315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on record review and interview, the facility failed to ensure 1 resident with a urinary tract infection was assessed for signs and symptoms of the infection during antibiotic therapy in a sample of 3 residents reviewed for urinary tract infections (Resident #D).</p> <p>Findings include:</p> <p>The record for resident #D was reviewed on 3/5/2013 at 10:00 A.M.</p> <p>A Physician's Order, dated 1/14/2013, indicated a urinalysis (u/a) (a laboratory test to assess urine for infection) and a culture and sensitivity (c&s) (a laboratory test to identify bacteria causing an infection and to identify medications the bacteria is susceptible to) were to be completed. The indications listed on the order as the reasons for obtaining the tests were indicated as confusion, increased</p>		F000315	<p>It is the policy of this provider to ensure that residents with urinary tract infections are assessed for signs and symptoms of the infection during antibiotic therapy. 1. What corrective action will be accomplished for those residents found to be affected by the deficient practice? Resident #D no longer resides at Adams Heritage. Resident #D was discharged prior to March 5-6, 2013 survey. 2. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken? Other residents with the propensity to be affected by the same deficient practice would be identified as those with UTI. One was so identified. Signs and symptoms are charted and reviewed by D.O.N. daily. 3. What measures will be put into place or what systemic changes will be made to ensure that the</p>		03/22/2013	

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	<p>frequency of urination, and cloudiness of urine.</p> <p>A Physician Order, dated 1/14/2013, indicated Resident #D was prescribed Keflex (antibiotic medication) 500 mg (milligrams) by mouth four times daily times ten days.</p> <p>A laboratory u/a report, dated 1/14/2013, indicated the u/a was positive for bacteria in the urine.</p> <p>A laboratory culture and sensitivity report, dated 1/16/2013, identified the bacteria in the urine as Escheichia coli. The report indicated the bacteria was susceptible to cephalosporin medications (a class of antibiotic medications which includes Keflex).</p> <p>The facility acting Director of Nursing (DON) was interviewed on 3/6/2013. During the interview, the DON indicated the u/a and c&s were ordered for Resident #D because the resident had been showing signs and symptoms of increased confusion, increased frequency of urination, and cloudiness of urine. The DON further indicated the resident had not experienced an elevated temperature.</p> <p>The DON was interviewed again on 3/6/2013 at 11:15 A.M. During the</p>				<p>deficientpractice does not recur? DON/designee will audit the 24 hoursreports daily to identify residents withUTIs. The DON/designee will randomly review nursing documentation to assure that the resident is being assessed for s/s of UTI during antibiotic therapy. An inservice will be held on March 22,2013 to educate the nursingstaff including but not limiting to s/sof UTI, need for ongoing assessment,and methods for documentation. 4. How will the correction action be monitored to ensure the deficientpractice will not recur? Results ofthe audit will be submitted to the QAcommittee for review and recommendation monthly for two months and quarterly thereafter. QAcommittee will recommend time frame for continued monitoring.5. What date willthe systemic changes be completed? March 22, 2013.</p>		

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	<p>interview, the DON indicated nursing staff were to assess a resident with a urinary tract infection while the resident was receiving antibiotic medication to treat the infection to ensure the infection was resolving. The DON indicated the assessments should include any signs and symptoms the resident had been displaying. The DON indicated the assessments were to be documented in the Nurses Notes.</p> <p>A Nurse Note for Resident #D, dated 1/14/2013 at 6:00 P.M., indicated the physician had been notified of the results of the u/a. The note indicated a new order had been received.</p> <p>A review of Nurse Notes from 1/14/2013 to 1/24/2013 indicated the the resident's mental status and temperature were being routinely monitored. There was no documentation in the notes indicating the frequency of urine or the cloudiness of the urine was being assessed.</p> <p>A form entitled "Skilled Nurse's Notes", indicated there was a section entitled "GU" (genitourinary) to document assessments of urinary status. A review of the Skilled Nurses Notes for Resident #D, dated 1/1/4/2013 through 2/24/2013, indicated the GU assessment section had not been completed.</p>						

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	<p>A policy entitled "Guidelines for Pertinent Charting", dated 5/2010, was provided by the DON on 3/6/2013 and was indicated as the facility's current policy. The policy indicated "All significant changes in resident status are thoroughly assessed and documented in the resident record based on assessment findings." The policy further indicated "Perform assessments as needed or until acute medical episode is over...." The policy also indicated residents on antibiotic therapy were to be assessed and documented on.</p> <p>This Federal tag relates to Complaint IN00125208.</p> <p>3.1-41(a)(2)</p>						

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